

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>12</i>	<i>2/2</i>
FORMALITY REVIEW	<i>H.S.</i>	<i>866</i>	<i>04.04.01</i>
RESPONSE FORMALITY REVIEW	<i>ph</i>	<i>1030</i>	<i>5-21-01</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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C-C-  
04-04-01